

Exploring Remaining Needs and Opportunities for Improvement in Rural Communities: A Focus on Healthy Marriage and Responsible Fatherhood (HMRF) Services

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2M RESEARCH

With the well-being and long-term success of children and families as the overarching goals, Healthy Marriage and Responsible Fatherhood (HMRF) programs are designed to help youth and adults build stronger relationships and families. While there are several ongoing evaluation efforts to examine HMRF programs (e.g., Dion, Zaveri, and Holcomb, 2015; Administration for Children and Families [ACF] Office of Planning, Research, and Evaluation [OPRE], 2015), relatively few have explicitly examined HMRF programs and/or HMRF-related outcomes among those residents living in rural areas. Instead, existing evaluations take place either at the national level or combine outcomes from both rural and urban areas to examine the overall impact of these programs (Dion, Zaveri, and Holcomb, 2015; ACF OPRE, 2015).

Key Findings

- Funding for HMRF programs in rural areas is concentrated in certain parts of the United States, including the Deep South and Appalachia.
- There is more remaining need for HMRF program services in the Western part of the country and in the Delta (Arkansas, Louisiana, Mississippi); Appalachia (Tennessee, Kentucky, West Virginia); and Native Lands rural regions (Eastern Arizona, New Mexico, Alaska, among other areas).
- There are many opportunities for strengthening HMRF programs in rural contexts, such as hiring HMRF staff that are from the communities they serve, implementing culturally appropriate curriculums, and addressing technological needs in the wake of COVID-19.

In this brief, we highlight the *Human Services Programs in Rural Contexts* Study's findings on HMRF programs in rural contexts, drawing on analysis of HMRF administrative data and secondary survey sources as well as interviews with HMRF rural human services providers across 3 sites.¹ These findings have implications for federal, state, and local policymakers, as well as for partners engaged in human services that promote individual and family well-being. It is worth noting that although some of these findings may also be relevant to human services outside of rural areas, it was not the intent of the larger study to draw comparisons of human services delivery in rural and non-rural areas.

¹ Georgetown County, SC; Clinton County, PA; and Magoffin County, KY.

Human Services Programs in Rural Contexts Study

This brief is part of a study focused more broadly on human services programs in rural contexts. Through a mixed methods research design that includes administrative and secondary data alongside 12 site visits, in tandem with engagement from human services practitioners and other subject matter experts, this project achieved the following: 1) provided an in-depth description of human services programs in rural contexts; 2) determined the remaining need for human services in rural communities; and 3) identified opportunities for strengthening the capacity of human services programs to promote the economic and social well-being of individuals, families, and communities in rural contexts. The study examined several human services programs administered by the U.S. Department of Health and Human Services, including Healthy Marriage and Responsible Fatherhood (HMRF); Maternal, Infant, and Early Childhood Home Visiting (MIECHV); Health Profession Opportunity Grants (HPOG); Temporary Assistance for Needy Families (TANF); and other programs focused on early childhood development, family development, employment, and higher education and technical training.

The Healthy Marriage and Responsible Fatherhood Program

HMRF programs focus on building and sustaining healthy marriages and relationships, strengthening positive father-child relationships, and increasing economic security. The Office of Family Assistance (OFA) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services awarded grants for HMRE programs under three funding opportunity announcements in 2020. These include the following:

- Family, Relationship, and Marriage Education Works (FRAMEWorks)—Healthy Marriage and Relationship Education (HMRE) promotion activities for adults
- Fatherhood Family-focused, Interconnected, Resilient, and Essential (Fatherhood FIRE)—Responsible Fatherhood promotion activities for adult fathers
- Relationships, Education, Advancement, and Development for Youth for Life (READY4Life)—Healthy Marriage and Relationship Education promotion activities for youth

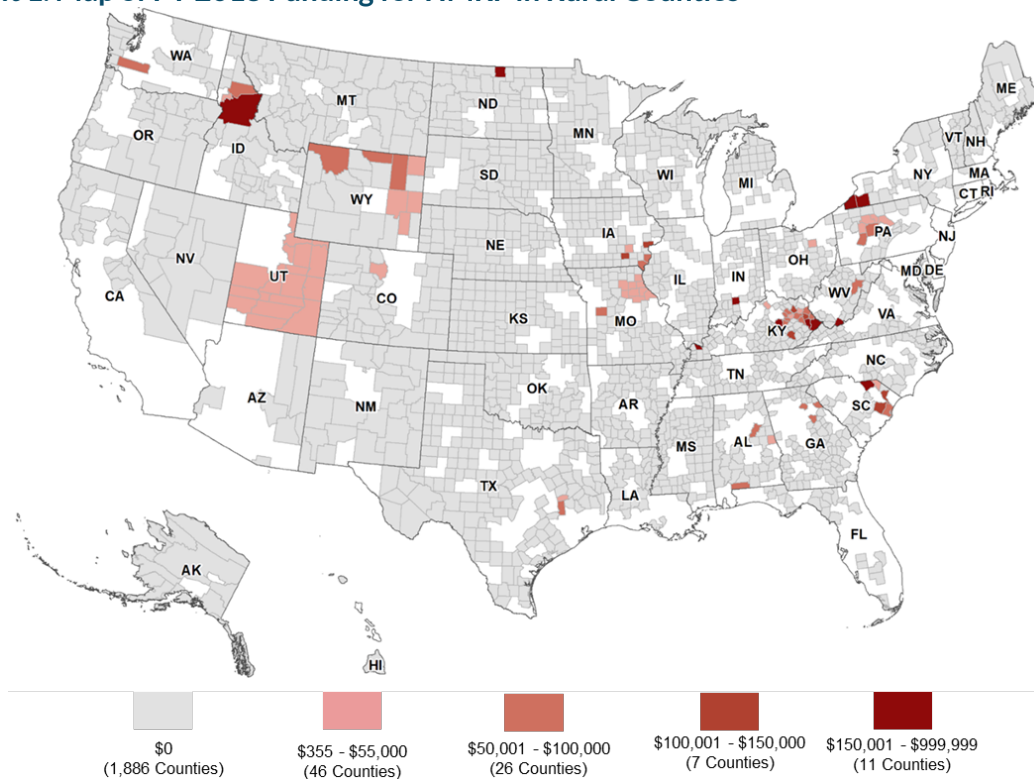
A strong family has many significant implications for the health and well-being of both adults and children. OFA's FRAMEWorks grants are intended to help families achieve these outcomes while also helping individuals improve their relationship skills and paths toward economic stability and mobility. The grants provide a broad array of healthy marriage promotion activities and services designed to integrate skills-based healthy marriage education alongside additional services to address relationship skills and job and career advancement opportunities for adults (age 18 and older) (ACF OFA, 2020b).

OFA identifies qualities of fatherhood as family-focused, interconnected, resilient, and essential, and cites these as inspiration for the activities receiving funding under the Fatherhood FIRE grant program (ACF OFA, 2020c). Fatherhood FIRE grants fund projects that integrate robust economic stability services, healthy marriage education, and activities designed to foster responsible parenting. Fathers who are within nine months of release from incarceration and who intend to return to their communities and families are also served (ACF OFA, 2020c).

OFA identifies the elements of HMRF programming funded by the READY4Life grant program—Relationships, Education, Advancement, and Development—as key ingredients to prepare youth for adulthood (ACF OFA, 2020d). OFA funds organizations nationwide to provide services designed to support healthy relationships and marriage, including the value of marriage in future family formation and skills-based healthy relationship and marriage education to youth in high school (grades 9–12), high-school-aged youth (ages 14–17), and/or youth in late adolescence to early adulthood (ages 18–24) (ACF OFA, 2020d). Activities supported by READY4Life grantees include education in high schools, marriage and relationship education/skills, and public advertising campaigns.

HMRF programs in rural contexts provide significant support to family self-sufficiency, marital and/or family stability, parental support services, and programmatic support services; however, funding for the program is relatively limited. In fiscal year (FY) 2018, the government allocated \$100.1 million in federal funding to HMRF programs through a competitive funding process with an estimated \$7 million of that funding going to rural counties (7 percent). As shown in Exhibit 1, in FY 2018, the funding to rural areas was spread across different pockets throughout the United States. Funding went to communities in the rural Appalachian region of Kentucky and West Virginia; rural locations in New York and Pennsylvania; several areas in the Deep South in Alabama, Georgia, and South Carolina; a few locations in Iowa and Missouri; rural locations in the West and Rocky Mountain region (Idaho, Wyoming, and Utah); and a handful of other rural locations.

Exhibit 1. Map of FY 2018 Funding for HMRF in Rural Counties

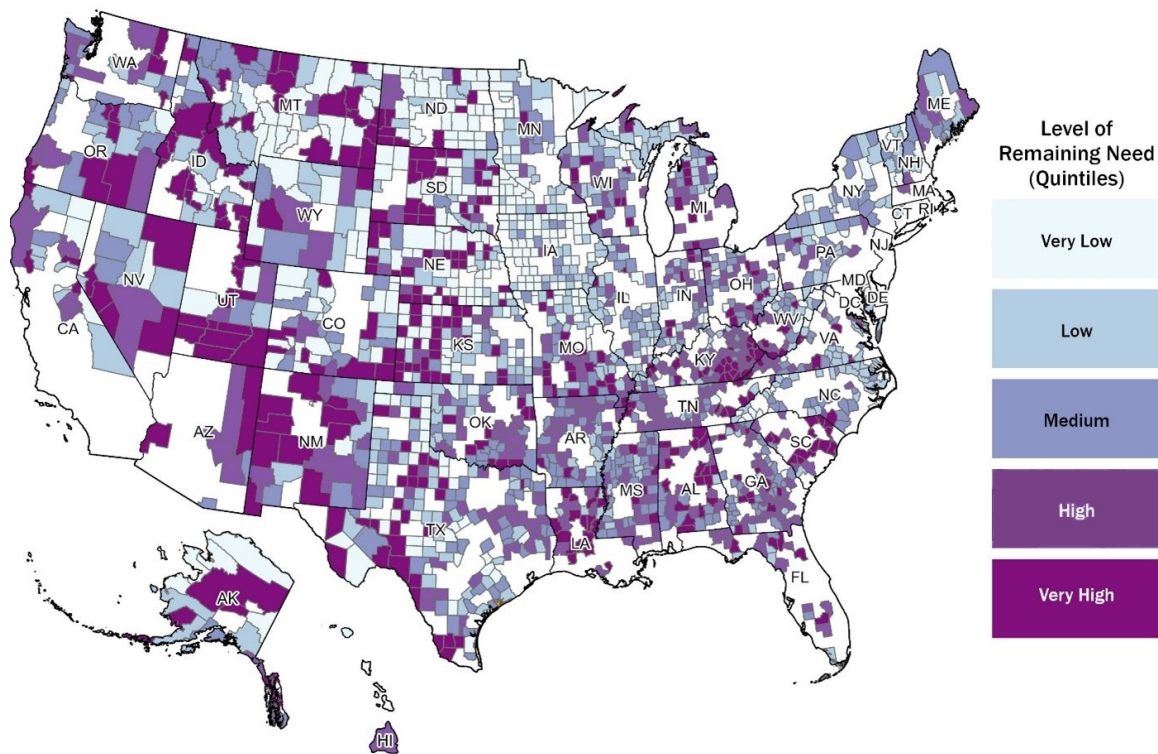


Note: We estimated the amount allocated to each rural county by mapping grantee service areas to the county level. See Section 7.2.3 of the [Comprehensive Report](#) for the methods used to estimate funding at the county level.
Sources: ACF OFA Administrative Data; U.S. Census Bureau (2018)

Remaining Need Associated with HMRF in Rural Contexts

Coupled with the relatively sparse funding available for HMRF programs, many rural communities have significant remaining need for HMRF program services (Exhibit 2).² There are high and very high levels of remaining need for HMRF in most parts of the United States, but there appears to be more remaining need in the Western part of the country and in the Delta (Arkansas, Louisiana, Mississippi); Appalachia (Tennessee, Kentucky, West Virginia); and Native Lands rural regions (Eastern Arizona, New Mexico, Alaska, among other areas). There appears to be less remaining need (more met need) in North Central states, including, Iowa, Kansas, Minnesota, and Nebraska, as well as in New York and other Northeastern states.

Exhibit 2. Quantiles of Remaining HMRF Program Services Need in Rural Counties



Note: See Section 7.3 of the Comprehensive Report for more information on the data sources and methods used to estimate remaining need for HMRF program services in rural counties.

Opportunities for Strengthening HMRF in Rural Contexts

Through our interviews with HMRF program staff, we identified several opportunities to strengthen HMRF programs in rural contexts and address remaining need.

² We defined remaining need for HMRF program services as the difference between the eligible population and the served population. A larger difference between the eligible population and the served population means a larger remaining need. We also accounted for the level of non-federal human services funding and the baseline level of need for HMRF program services in each rural county in our calculation.

HIRING HMRF STAFF THAT ARE FROM THE COMMUNITIES THEY SERVE

It was really important that people knew that the staff themselves were local . . . So they grew up there, they've been there, and that made them more trustworthy in the sight of their participants . . . that they were not an outsider. – HMRF Staff

In many rural communities, HMRF staff face difficulties locating and/or recruiting eligible families. In many cases, this results from the stigma associated with receiving services and a cultural distrust of government. Program staff reported from their interviews that individuals eligible to receive services are more likely to trust and respond to staff who are from the communities they serve. Staff who are engaged with the local communities understand community norms and have existing relationships that can support active recruitment. For example, one HMRF staff said, “Participating in local community fairs and different community activities [is] much more successful than simply handing out the flyers somewhere or leaving a flyer in an office building.” Moreover, staff from the local community are better able to hear and understand the needs of the local community. One HMRF staff noted that it is “paramount being able to understand the community, understand their needs, but at the same [time], understand their cultural dynamic that they have . . . a sense of pride in their community and the people that they are.”

IMPLEMENTING CULTURALLY APPROPRIATE CURRICULUMS

The HMRF program includes a requirement to use an evidence-based curriculum. According to one HMRF staff member, available curriculums are limited to those designed for “a white, middle class, suburban framework, which may not always resonate with people outside of that vantage point . . . since there aren't very many, if any, curricula specifically [designed] for rural populations, they're limited in the information that they're sharing.” They expressed a desire to modify the curriculum to better reflect the experiences of the population and resonate more effectively with their needs.

ADDRESSING TECHNOLOGICAL NEEDS IN THE WAKE OF COVID-19

Many programs during COVID-19 shifted to virtual and hybrid service delivery. As a result, changes to service delivery decreased routine barriers to access like travel distance and transportation. At the same time, staff noted that while this shift decreased transportation barriers, it also exacerbated technological and broadband needs for many participants who already lacked reliable access to internet service. Accordingly, staff recommended additional and flexible funding mechanisms that would allow participants to access broadband services and portable Wi-Fi hotspot devices.

Conclusion

Overall, our interviews with HMRF program staff provided key insight into the functioning and delivery of HMRF programs and key areas of potential improvement in rural contexts. The HMRF program is relatively small, and funding is concentrated in a small number of rural communities; however, many rural communities have remaining need for HMRF program services. While the programs we focused on had slight differences across sites, common themes emerged across the different rural HMRF programs.

Specifically, HMRP program staff in rural contexts emphasized that staff that are from the communities they serve can build on existing relationships and trust to more effectively provide services in rural communities. They also stated that more culturally appropriate curriculums would better reflect the needs of rural populations. Finally, HMRP program staff noted the need for flexible funding mechanisms to respond to new challenges that arose during the COVID-19 pandemic.

This brief opens a window into the perspectives of program staff and how they perceive delivery of HMRP services in rural contexts. To further strengthen program feedback, however, it would be valuable for future studies to also incorporate program participant perspectives. Future research might also explore the effect of rural HMRP programs on marriages, father involvement, and economic stability.

Additional analysis of the other programs of focus—Temporary Assistance for Needy Families (TANF); Health Profession Opportunity Grants (HPOG); and Maternal, Infant, and Early Childhood Home Visitors (MIECHV)—is available in their respective program area briefs as well as the Comprehensive Report for this study.

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